2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91843 047 ***150.00

03041703

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000065887

1. Entity Name
LUCKY BINGO MANAGEMENT CORP.

Principal Place of Business	Mailing Address
150 SE 2ND AVE STE 807 MIAMI FL 33131	150 SE 2ND AVE STE 807 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
6037 KIMBERLY BLVD	5418 ALTON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. LAUDERDALE FL.	City & State: MIAMI BEACH Fl.
Zip: 33068 Country: U.S.A	Zip: 33140 Country:

4. FEI Number: 01-0736540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLF, MICHAEL H ESQ
3832 N UNIVERSITY DR
SUNRISE FL 33351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALFRED EZEKIEL 5418 ALTON RD MIAMI BEACH. Fl. 33140 DIRECTOR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CATHERINE PETAKOS 2031 N.W. 100th AVE. DIRECTOR PEMBROKE PINES FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — ALFRED EZEKIEL   1-16-2003   305 279 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #